

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4	/					
5	/					
6		/				
7		/				
8	/					
9	/					
10		/				
11		/				
12	/	/				
13	/	/				
14		/				
15	/	/				
16	/					
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18		/				
19		/				
20	/					
21	/					
22		/				
23		/				
24	/					
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49		/				
50		/				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
51		/										
52		/										
53		/										
54		/										
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95												
96												
97												
98												
99												
100												
TOTAL IND.	42		↓		↓		↓		↓		↓	
TOTAL DEP.	54		←		←		←		←		←	
TOTAL CLAIMS	96											

54  
42  
96